

<i>SERFF Tracking Number:</i>	<i>BNLA-126018210</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>41491</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Age 64+ Mail Creatives/3403; 3404; 3405</i>		

## Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: Medicare Supplement

SERFF Tr Num: BNLA-126018210 State: ArkansasLH

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 41491

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num:

State Status: Under Review

Filing Type: Form/Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Janice Fron

Disposition Date: 02/12/2009

Date Submitted: 02/11/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Age 64+ Mail Creatives

Status of Filing in Domicile: Pending

Project Number: 3403; 3404; 3405

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/12/2009

Explanation for Other Group Market Type:

State Status Changed: 02/11/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

To: Insurance Department Personnel

RE: MEDICARE SUPPLEMENT ADVERTISING

Invitation To Inquire

Turning Age 65 Mailers

Form Numbers: 3403-WC; BE-3403-A; BE-3403-B; BE-3403-C; 3404-WC; 3405-WC

SERFF Tracking Number: BNLA-126018210 State: Arkansas  
Filing Company: Bankers Life and Casualty Company State Tracking Number: 41491  
Company Tracking Number:  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement  
Project Name/Number: Age 64+ Mail Creatives/3403; 3404; 3405

Dear Sir or Madam:

In accordance with your state's requirements, we are filing the above captioned advertising forms for your review. These mailers will be sent to prospects who will be turning age 65 within the next three to six months. It will provide an opportunity for individuals who are interested to obtain more information concerning Medicare and their coverage options.

We are filing three envelopes that we are testing and may be used with Form 3403.

This advertising form is being filed simultaneously in all states including our domicile state Illinois.

Your consideration and approval of our filing is sincerely appreciated.

Very truly yours,

Janice D. Fron  
Product Filing Analyst  
Product Approval and Compliance

## Company and Contact

### Filing Contact Information

Janice Fron, Filing Project Leader  
222 Merchandise Mart Plaza - 19th Floor  
Chicago, IL 60654  
j.fron@banklife.com  
(312) 396-7538 [Phone]  
(312) 396-5907[FAX]

### Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	
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SERFF Tracking Number: BNLA-126018210 State: Arkansas  
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Product Name: Medicare Supplement  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: Arkansas requires \$25.00 per form for advertising.

$\$25.00 \times 6 = \$150.00$   
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$150.00	02/11/2009	25651819

<i>SERFF Tracking Number:</i>	<i>BNLA-126018210</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Age 64+ Mail Creatives/3403; 3404; 3405</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	02/12/2009	02/12/2009

<i>SERFF Tracking Number:</i>	<i>BNLA-126018210</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Age 64+ Mail Creatives/3403; 3404; 3405</i>		

## Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BNLA-126018210 State: Arkansas

Filing Company: Bankers Life and Casualty Company State Tracking Number: 41491

Company Tracking Number:

TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other

Product Name: Medicare Supplement

Project Name/Number: Age 64+ Mail Creatives/3403; 3404; 3405

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Turning 65 Letter	Filed	Yes
Form	Envelope 1	Filed	Yes
Form	Envelope 2	Filed	Yes
Form	Envelope 3	Filed	Yes
Form	Turning 65 - 3 months Mailer	Filed	Yes
Form	Turning 65 - 3 months Mailer	Filed	Yes

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Project Name/Number:	Age 64+ Mail Creatives/3403; 3404; 3405		

## Form Schedule

**Lead Form Number:** 3403-WC

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed	3403-WC	Advertising Turning 65 Letter	Initial		0	3403-WC.pdf
Filed	BE-3403-A	Advertising Envelope 1	Initial		0	BE-3403-A_State Registration Ose.pdf
Filed	BE-3403-B	Advertising Envelope 2	Initial		0	BE-3403-B_State Registration Ose.pdf
Filed	BE-3403-C	Advertising Envelope 3	Initial		0	BE-3403-C_State Registration Ose.pdf
Filed	3404-WC	Advertising Turning 65 - 3 months Mailer	Initial		0	3404-WC.pdf
Filed	3405-WC	Advertising Turning 65 - 3 months Mailer	Initial		0	3405-WC.pdf

# NOTICE FOR RESIDENTS AGE 64

**FROM:** **ATTN: [STATE NAME] RESIDENTS**  
Bankers Life and Casualty Company  
600 West Chicago Ave  
Chicago, IL 60654-2800

**TO:** **Information Registration I.D. # 123456789**  
Mr. John Doe  
123 Main St.  
Apt. 123  
Anytown, US 12345-6789  
|||||

**POSTMARK DATE**  
Call or Mail request by:

**[JANUARY 04 2008]**

Dear [Sample A. Sample]:

This notice is for [state] residents age 64. According to our records, **you may be eligible for MEDICARE benefits within the next SIX MONTHS.**

During the open enrollment period, you will be required to make selections regarding your health benefits. We are attempting to contact as many state residents as possible to urge you to **PLAN NOW** and **have your selections ready before age 65.**

Bankers Life and Casualty Company would like to offer you A FREE INFORMATION GUIDE as part of our statewide awareness program.

## **PLEASE REQUEST THE INFORMATION GUIDE BEFORE AGE 65.**

The guidebook provides critical program information to help you answer:

- Am I automatically **enrolled in Medicare** when I'm 65?
- **What services** does Medicare cover?
- Will Medicare pay for my **prescription drugs**?
- Is Medicare my only **healthcare option** or are there others?

**THIS INFORMATION IS FREE TO STATE RESIDENTS WHO REQUEST IT:**

- **Detach and mail the form below** (postage has been paid) (over please)

3403-WC

*Neither Bankers nor its insurance agents are connected with or endorsed by the Federal Medicare Program.  
An agent may contact you*

3403

## **FREE INFORMATION REQUEST FOR STATE RESIDENTS** *Complete, detach & mail this request card to receive your free information*

*If address is NOT correct, please correct it on the back.*

### **[State] Resident:**

Mr. John Doe  
123 Main St.  
Anytown, US 12345-6789  
Phone #: \_\_\_\_\_

**Information Registration I.D. #**

**BARCODE NUMBER**

**Please mail on/before:**

**JAN 04 2008**

### **FOR STATE RESIDENTS TURNING AGE 64:**

## **FREE INFORMATION GUIDE**

- ☐ **Yes!** Send me information that will help me understand Medicare and my coverage options.

Line 1  
Booklet Fulfillment Center  
PO Box 224907  
Dallas, TX 75222-9729  
Postal Barcode

Barcode Here

3403-WC-1



**This free planning guide is distributed as a service free of charge and with no obligation by Bankers Life and Casualty Company to state residents who request it by phone or by mail.**

***Correct any change in address here:***

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PRSRT STD  
U.S. POSTAGE  
**PAID**  
Bankers Life  
and Casualty

**FINAL NOTICE FOR RESIDENTS AGE 64**

**Time is running out! You need to make  
your Medicare coverage decision soon.**

**Mail request by:**

BE-3403-A

(60)



PRSRT STD  
U.S. POSTAGE  
**PAID**  
Bankers Life  
and Casualty

[Redacted Address Line 1]

[Redacted Address Line 2]

**FOR RESIDENTS AGE 64**  
**Planning Guide Notice Enclosed**

**Mail request by:**

[Redacted Mail Request Line]

BE-3403-B

(60)



PRSRT STD  
U.S. POSTAGE  
**PAID**  
Bankers Life  
and Casualty

**FINAL NOTICE**

TRACKING CODE  
458 73 19561 98976

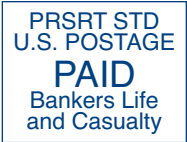
**FOR RESIDENTS AGE 64**  
**You need to make your  
Medicare coverage decision soon!**

**Mail request by:**

BE-3403-C

(60)

[STATE] RESIDENTS – 3 MONTH NOTICE



IMPORTANT NON-GOVERNMENTAL DOCUMENT ENCLOSED  
ON SUPPLEMENTAL INSURANCE BENEFITS  
**OPEN IMMEDIATELY – DO NOT DELAY**  
To Open This Side – Slide Finger Under This Edge

[STATE] RESIDENTS – 3 MONTH NOTICE

Our records show that you may be eligible for government health benefits within the **next 3 MONTHS.**

Be advised that many [state] residents will qualify for benefits at the same time.  
Please do not wait to make your coverage selections; have them ready BEFORE age 65.

**If you are still undecided,** request the **FREE “PLANNING GUIDE”** available to all eligible residents as part of our [state] outreach program.

**Please complete and return this postage-paid card** to receive the **FREE “PLANNING GUIDE”** offered by **Bankers Life and Casualty Company.**

[ ] YES! Send me the **FREE “PLANNING GUIDE”** to help me understand my healthcare options.

John Doe  
123 Main Street  
Anytown, US 12345

Mr. / Mrs.: \_\_\_\_\_

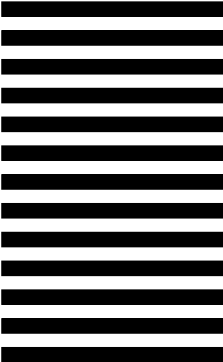
Phone: \_\_\_\_\_

Neither Bankers nor its insurance agents are connected with or endorsed by the Federal Medicare Program. An agent may contact you

UPDATE  
[2008]



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**

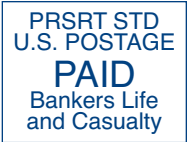
FIRST-CLASS MAIL    PERMIT NO. XX    CITY ST

POSTAGE WILL BE PAID BY ADDRESSEE

**Bankers Life and Casualty Company**  
**Fulfillment Center**  
**PO BOX XXXX**  
**CITY STATE ZIPCODE**



[STATE] RESIDENTS – 3 MONTH NOTICE



IMPORTANT NON-GOVERNMENTAL DOCUMENT ENCLOSED  
ON SUPPLEMENTAL INSURANCE BENEFITS  
**OPEN IMMEDIATELY – DO NOT DELAY**  
To Open This Side – Slide Finger Under This Edge

[STATE] RESIDENTS – 3 MONTH NOTICE

Our records show that you may be eligible for Medicare within the **next 3 MONTHS**.

Be advised that many [state] residents will qualify for Medicare at the same time. Please **do not wait** to make your Medicare coverage selections; have them **ready BEFORE age 65.**

**If you are still undecided**, request the **FREE** “**PLANNING GUIDE**” available to all eligible residents as part of our [state] outreach program.

**Please complete and return this postage-paid card** to receive the **FREE “PLANNING GUIDE”** offered by Bankers Life and Casualty Company.

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Mr. / Mrs.: \_\_\_\_\_

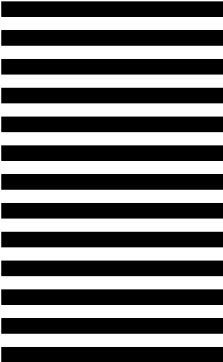
Phone: \_\_\_\_\_

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UPDATE  
[2008]



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL    PERMIT NO. XX    CITY ST

POSTAGE WILL BE PAID BY ADDRESSEE

**Bankers Life and Casualty Company**  
**Fulfillment Center**  
**PO BOX XXXX**  
**CITY STATE ZIPCODE**





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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Flesch Certification	02/02/2009
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Application	02/02/2009
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Health - Actuarial Justification	02/02/2009
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		
	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Outline of Coverage	02/02/2009
<b>Bypass Reason:</b>	Not applicable to this filing.	
<b>Comments:</b>		